PTO/SB/22 (09-06)
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Under the Paperwork Reduction Act of 1995, no persons are required to	o respond to a collection	of information unless if disp		
PETITION FOR EXTENSION OF TIME UNDER 37	Docket Number (Optional)			
FY 2006 (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)		0630-1833P		
Application Number 10/657,136-Conf. #00			otember 9, 2003	
7-ppileation 144/1951 10/007, 100-00111. #01	31300	Filed Sep	Nember 9, 2003	
For METHOD AND APPARATUS FOR DISPLAYIN	G POSITIONS O	F HOME NETWORK	APPLIANCES	
Art Unit 2179		Examiner	Henry Vuu	
This is a request under the provisions of 37 CFR 1.136 identified application.	6(a) to extend the	period for filing a rep	ly in the above	
The requested extension and fee are as follows (check	time period desi	red and enter the app	propriate fee below):	
	<u>Fee</u>	Small Entity Fee		
X One month (37 CFR 1.17(a)(1))	\$120	\$60	\$120.00	
Two months (37 CFR 1.17(a)(2))	\$450	\$225	\$	
Three months (37 CFR 1.17(a)(3))	\$1020	\$510	\$	
Four months (37 CFR 1.17(a)(4))	\$1590	\$795	\$	
Five months (37 CFR 1.17(a)(5))	\$2160	\$1080	\$	
Applicant claims small entity status. See 37 CF	R 1.27			
X A check in the amount of the fee is enclosed.				
	achad			
Payment by credit card. Form PTO-2038 is atta The Director has already been authorized to ch		annlication to a Dono	sit A accust	
	•			
The Director is hereby authorized to charge any Deposit Account Number 02-2448				
Deposit Account Number 02-2448	I nave encid	osed a duplicate copy	or this sneet.	
I am the applicant/inventor.				
assignee of record of the entire				
Statement under 37 CFR 3.				
attorney or agent of record. Re	gistration Number	40,953	<u></u>	
attorney or agent under 37 CFR				
Registration number if acting und	er 37 CFR 1.34		·	
Either (lung.	Januar	y 11, 2007	
Signature			Date	
Esther H. Chong		(703)	205-8000	
Typed or printed name		Telepho	ne Number	
NOTE: Signatures of all the inventors or assignees of record of the enthan one signature is required, see below.	tire interest or their repre	esentative(s) are required. S	ubmit multiple forms if more	
Total of forms are submit	ted.			

01/16/2007 HMARZ11 00080159 10657136 120.88 OP 01 FC:1251

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PTO/SB/17 (07-06) Approved for use through 01/31/2007. OMB 0551-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number. Complete if Known Effective on 12/08/2004. Application Number ees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). 10/657,136-Conf. #001908 TRANSMITTAL Filing Date September 9, 2003 Young-Hun SONG First Named Inventor For FY 2006 **Examiner Name** Vuu, Henry Applicant claims small entity status. See 37 CFR 1.27 2179 Art Unit **TOTAL AMOUNT OF PAYMENT** 0630-1833P 120.00 Attorney Docket No. METHOD OF PAYMENT (check all that apply) x Check Credit Card Money Order None Other (please identify): Deposit Account Deposit Account Number: 02-2448 Deposit Account Name: Birch, Stewart, Kolasch & Birch, LLP For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayments of Credit any overpayments fee(s) under 37 CFR 1.16 and 1.17 **FEE CALCULATION** 1. BASIC FILING, SEARCH, AND EXAMINATION FEES **FILING FEES SEARCH FEES EXAMINATION FEES Small Entity** Small Entity Small Entity **Application Type** Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fees Paid (\$) Fee (\$) Utility 300 150 500 250 200 100 Design 200 100 100 50 130 65 Plant 200 100 300 150 160 80 300 Reissue 500 150 250 600 300 Provisional 200 100 0 0 0 2. EXCESS CLAIM FEES **Small Entity** Fee Description Fee (\$) Fee (\$) Each claim over 20 (including Reissues) 50 25 Each independent claim over 3 (including Reissues) 200 100 Multiple dependent claims 360 180 **Total Claims** Extra Claims Fee Paid (\$) Multiple Dependent Claims Fee (\$) x 50.00 - 20 = 0 0.00 Fee (\$) Fee Paid (\$) HP = highest number of total claims paid for, if greater than 20. Indep. Claims **Extra Claims** Fee Paid (\$) Fee (\$) 200.00 0.00

HP = highest number of in	dependent claims paid f	or, if greater tha	an 3.			
3. APPLICATION SIZ						
			of paper (excluding electronically filed			
			ze fee due is \$250 (\$125 for small entity) (G) and 37 CFR 1.16(s).	y) for each	addit	ional 50
Total Sheets	Extra Sheets	Number	Number of each additional 50 or fraction thereof Fe			Fee Paid (\$)
100	=	/50	(round up to a whole number) x		= _	
4. OTHER FEE(S)						Fees Paid (\$)
Non-English Speci	fication, \$130 fee	(no small er	tity discount)			
Other (e.g., late filing surcharge): 1251 Extension for response within first month				120.00		

20RMILLED BA							
Signature	Eittu	Cherry	Registration No. (Attorney/Agent)	40,953	Telephone	(703) 205-8000	
Name (Print/Type)	Esther H. Chong				Date	January 11, 2007	

